



Impact of Parents Depression on Children with Cancer

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Abstract: This study have been done to evaluate the level of depressed mood and hopeless of parents that have children who diagnosed with cancer and undergoing the cancer therapy. This study has been carried out with 100 parents that have children taking cancer therapy in Al Ammal oncology center, Karbala. The study was conducted between November 2021 and February 2022 with the parents that included in the study. The children were receiving the cancer therapy in the in the oncology center (a total of 100 parents, 54 mothers and 46 fathers).

Key words: Depression, Parent cancer, Cancer therapy for children.

Introduction

There are a number of factors that can contribute to a parent experiencing feelings of hopelessness and depression when their child is diagnosed with cancer. The most obvious cause is the emotional shock associated with the diagnosis. Parents may be overwhelmed by the news and feel powerless to help their child. They may also be concerned about the potential complications of treatment, and the long-term effects of the disease.¹

In addition to the emotional shock, parents may also experience financial stress as they struggle to cover the costs of treatment. They may also feel isolated and alone, as they attempt to cope with the diagnosis and the treatment process². The uncertainty of the future can also lead to feelings of hopelessness and depression, as parents may feel that they are unable to plan for the future while their child is undergoing treatment³.

The impact of hopelessness and depression on a parent of a child diagnosed with cancer can be significant. It can lead to feelings of despair and apathy, which can make it difficult for the parent to provide the necessary support to their child⁴. The parent may also feel overwhelmed and anxious, which can lead to further mental health issues such as anxiety and depression. The parent may also struggle to concentrate on day-to-day tasks, which can lead to problems at work and home.

The parent may also experience physical symptoms such as headaches, fatigue, and difficulty sleeping⁵. This can lead to further problems, as the parent may not be able to provide the necessary support to their child as they are struggling to cope with their own issues⁶.

The hope is a major factor for the modulation of the psychological state of the parents that have cancer child. According to some studies, optimistic parents adapt well to different situations and stresses as cancer, they will experience less depression and their adaptation affects outcome of therapy and quality of life⁷.

Depression and hopelessness in parents have a negative impact on their power to face different challenges. Additionally, they have impact on the child's adaptation to the disease's problem, as well as the child's ability to react to different situations, and behavioral adaptation⁸.

There are a number of coping strategies that a parent can use to help them manage their feelings of hopelessness and depression when their child is diagnosed with cancer⁹. One of the most important strategies is to talk to someone about their feelings. This can be a close family member or friend, a counsellor, or a support group. Talking about the diagnosis and treatment process can help the parent to process their emotions, and can provide an outlet for them to express their feelings¹⁰.

The parent should also make sure to take care of themselves, both physically and mentally. This can include engaging in activities that they enjoy, such as reading, exercise, or hobbies. The parent should also make sure to get enough sleep, eat a healthy diet, and take breaks from the stresses of caring for a child with cancer¹¹.

In addition, parents should make sure to set realistic goals. This can include setting a schedule for the treatment process, and setting goals for how they will manage their emotions¹². This can help the parent to stay organized and focused, and can help to reduce the stress of the diagnosis.

Design and sample

This study was a cross sectional descriptive study. Conducted at Al Ammal oncology center, Karbala. The study have been carried out between November 2021 and February 2022 with the parents that have cancer children that participate within the study. The children were receiving therapy in the oncology center (a total of 100 parents, 54 mothers and 46 fathers).

Data collection instruments

Data of the study were collected using a questionnaire formula, the patient Health questionnaire (PHQ-8). The eight-item Patient Health Questionnaire depression scale (PHQ-8) is established as a valid diagnostic and severity measure for depressive disorders in large clinical studies.

Data collection

The survey form and the scales were completed by the researchers during face-to-face interviews separately with the parents in a room. It took 15-20 minutes to fill in the form.

In total, 100 parents were included in this cross-sectional study in Al Ammal oncology center. A Self-administered questionnaires were used, the Patient Health Questionnaire 8 (PHQ8), to evaluate the depressive symptoms as well as the prevalence of clinical depression and quality of life. Data were analyzed using SPSS (IBM Corp., Armonk, NY, USA) to evaluate the level of depression and quality of life and the associated factors using Fisher's exact and Mann-Whitney tests.

Results

The level of the depression and hopelessness of Parents were strongly affect their power to face the complicated health care needs of child with cancer. They also affect the ability of the child to adapt to the requirement of the diagnosis and therapy. The nurses of oncology center has a very important role in the early discover parents at risk of psychological problems, the determination at risk parents and provide the support and proper consult can give more chance to adaptation for children and parents.

Cases Characteristics

Table 1 shows the characteristics of all cases. The table contains a brief understanding of each case, it contains the personal information and the main questions that were answered by the parents.

Table (1): characteristic features of cases

| Variables | Category | Count | % |
|-------------------------------------|------------------|-------|-----|
| Gender | F | 54 | 54% |
| | M | 46 | 46% |
| Age | <30 | 9 | 9% |
| | > 60 | 5 | 5% |
| | 30-39 | 42 | 42% |
| | 40-49 | 26 | 26% |
| | 50-59 | 18 | 18% |
| Parent education | College | 30 | 30% |
| | High school | 47 | 47% |
| | illiterate | 13 | 13% |
| | Primary school | 6 | 6% |
| | Secondary school | 4 | 4% |
| Parent occupation | Employed | 56 | 56% |
| | Unemployed | 44 | 44% |
| Distance of home from cancer center | Close | 65 | 65% |
| | Far | 35 | 35% |
| Economic class of family | High | 7 | 7% |

Depression levels on both genders

According to the chart below, females' status is approximately twice the amount of depression that men have, more than 30 women of 46 have moderate conditions and less than 20 have mild conditions, while men are less than 20 in mild and moderate. In addition, both have nearly same level of severe conditions

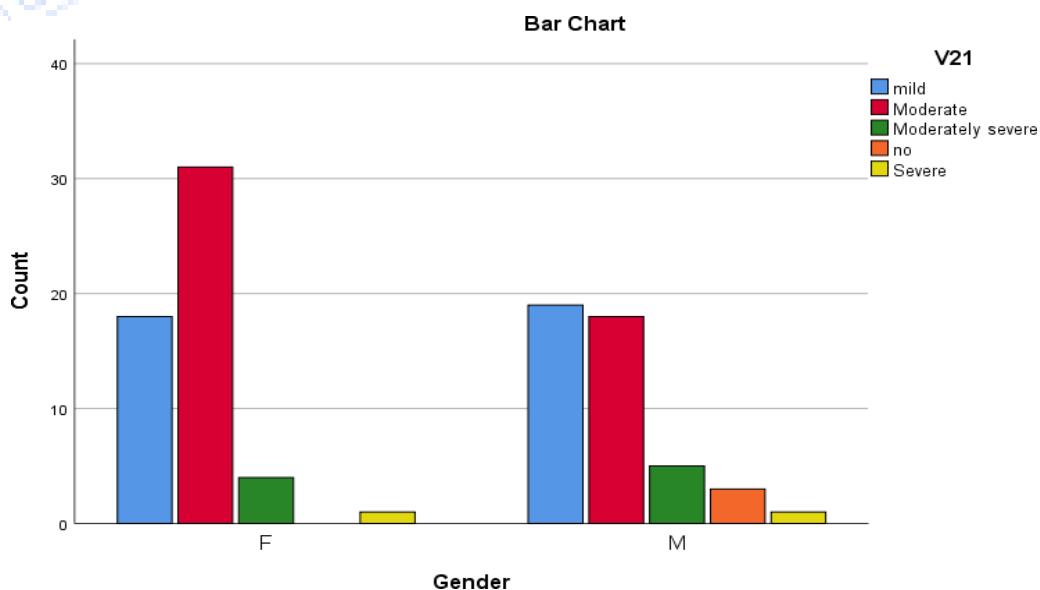


Fig (1) : Gender comparasion

Depression Levels on age:

This comparison could show how the parents can differ in stand the strain when they are old or young. According to the chart below the parents of the age 30-39 are the most depressed, this group of ages have the most moderate, mild, and severe cases compared to other groups. While the group of parents older than 60 are more comfortable and didn't show any severe conditions.

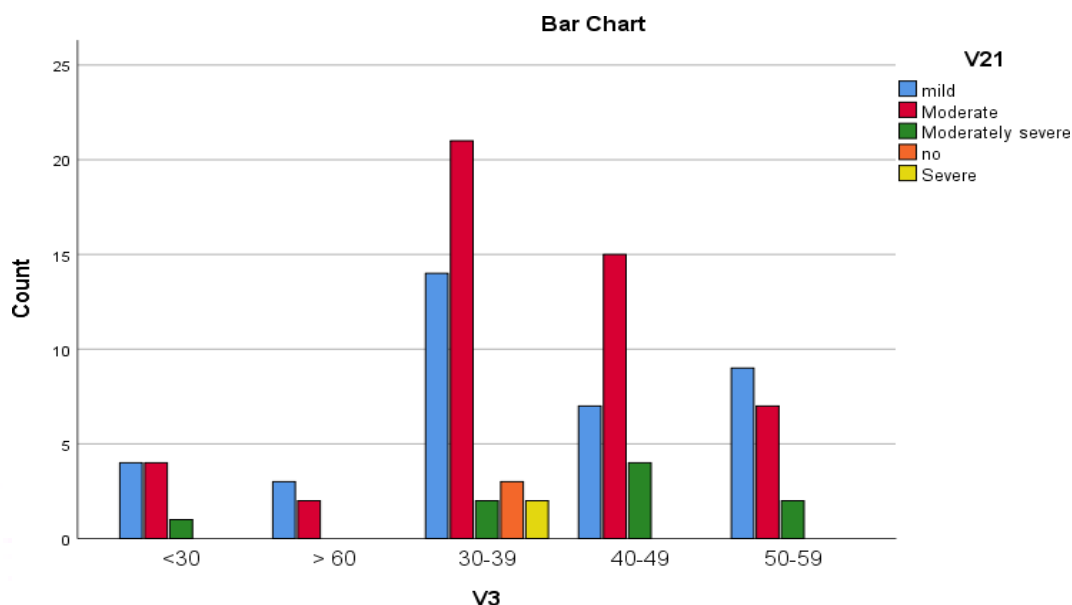


Fig (2) : Age comparasion

Depression levels among educated parents:

Parents with high school education or less, have the most depression among other groups and in addition the severe cases are among the same category, while the parents with college education have only moderate and mild cases.

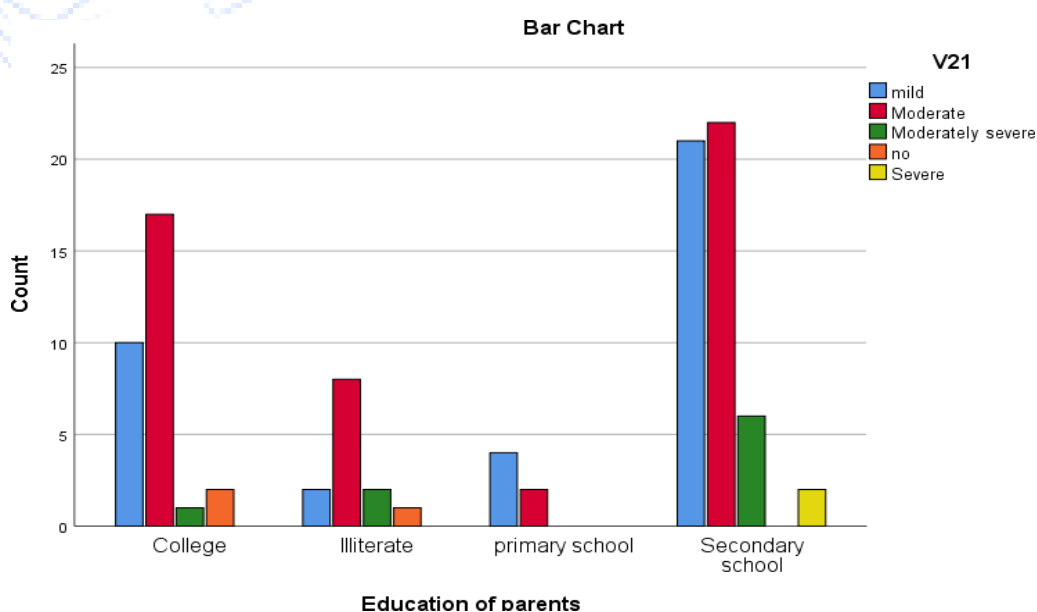


Fig (3) : Educational comparasion

Depression Levels among occupation statue:

Unemployed and employed parents are approximately equal in moderate and mild status, but for the severe cases, the employed parents are suffering more.

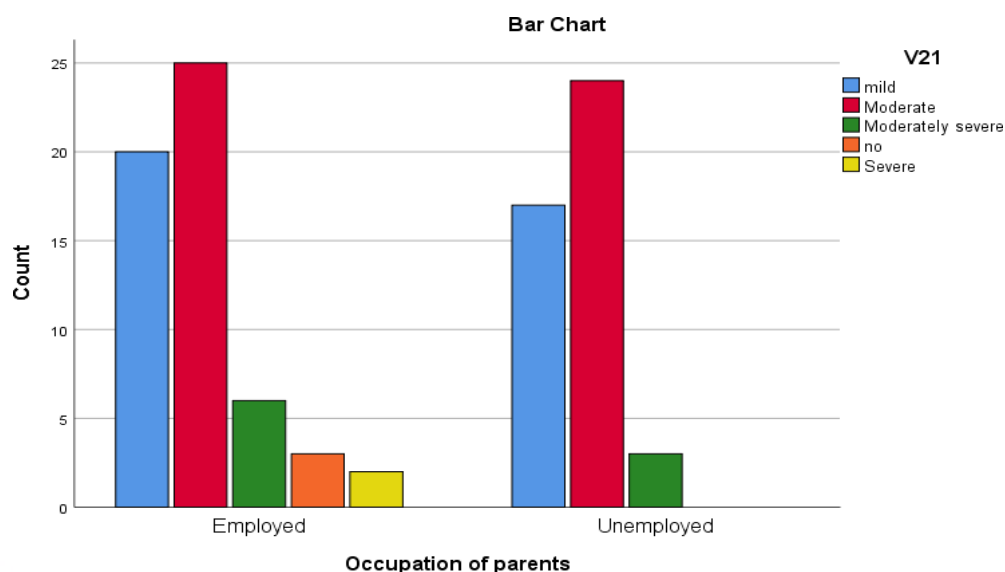


Fig. (4) : Occupation Comparison

Depression Levels of distance of home from cancer center:

It is observable that moderate cases are immensely high in parents who lives closer to the cancer center, furthermore all the severe cases are from the same group. The far living parents are less depressed than the first group.

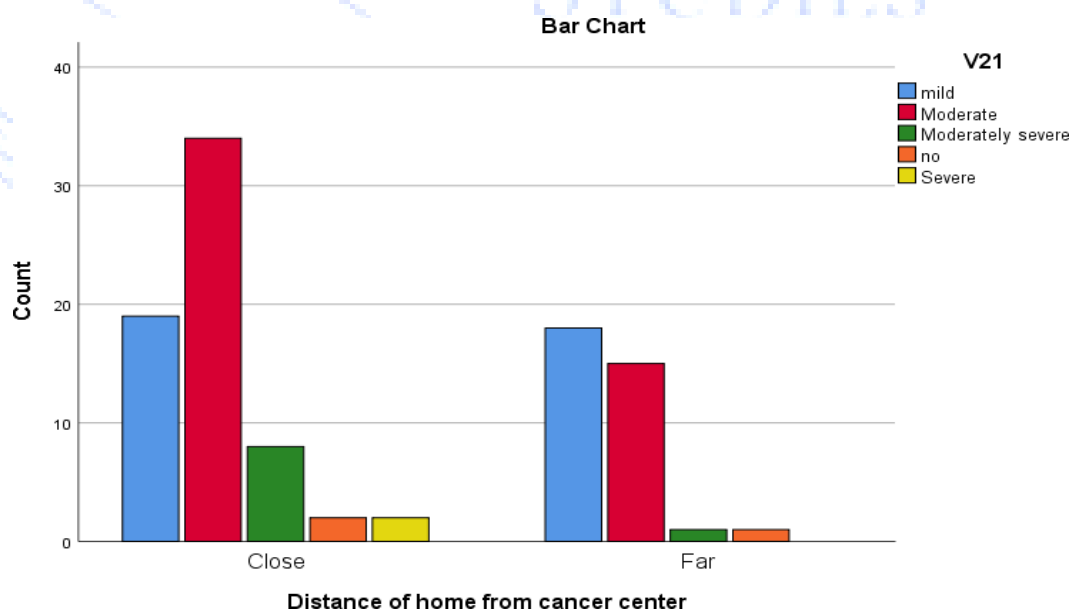


Fig. (5) : Distance of Home from Cancer Centre Comparison

Depression Levels among different economy classes

The middle-class obviously has the most mild, moderate, and severe cases. While the high-class parents are less depressed than low class and middle class.

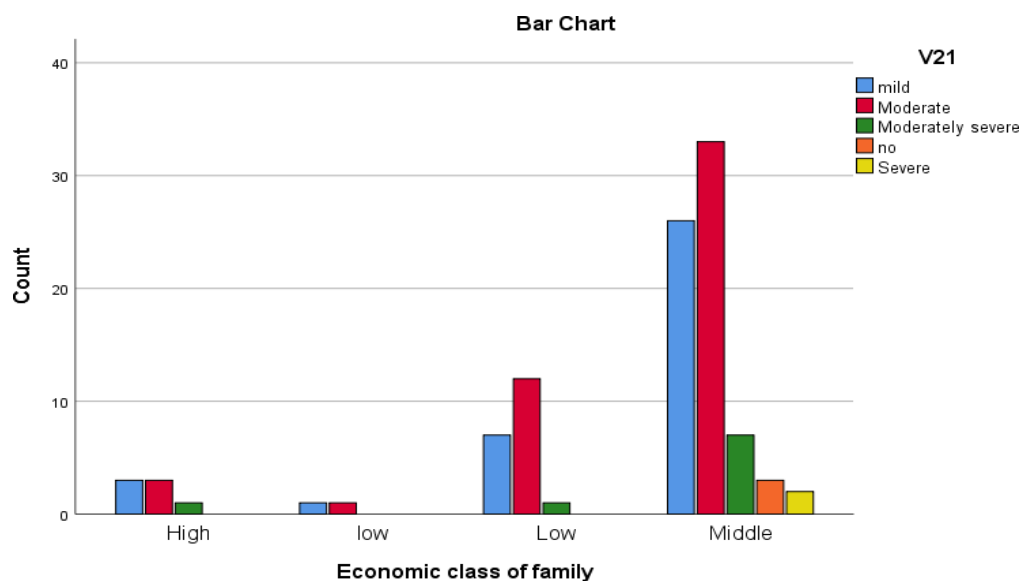


Fig. (6) : Economic Class Comparison

Depression levels according to diagnosis time

Parents who made an early diagnosis to their child tend to be more calm and less depressed than all the other 3 groups in the comparison, parents with late diagnosis have an immense number of moderate cases.

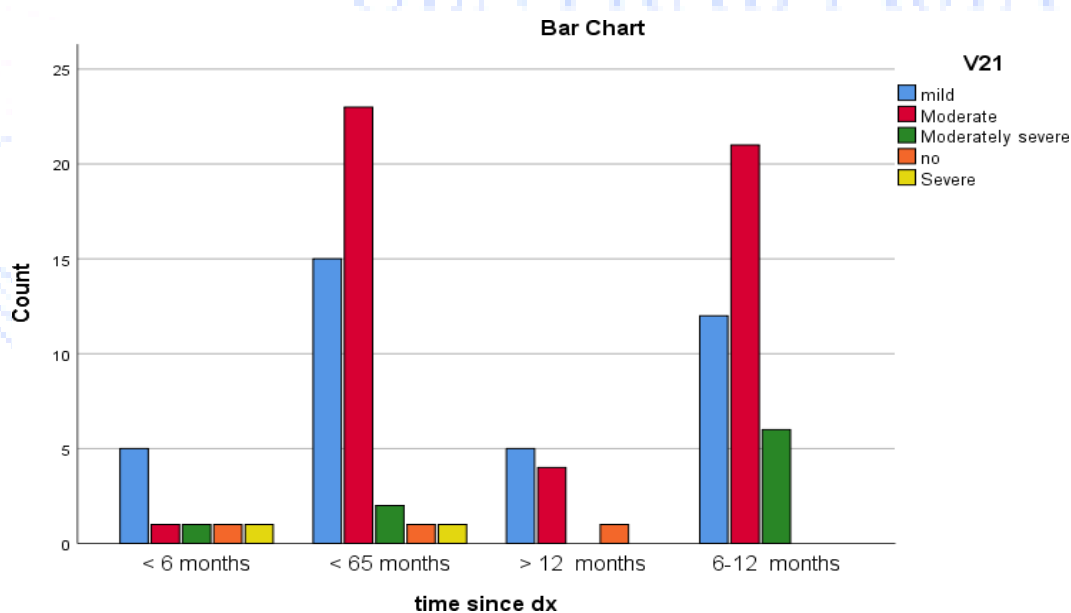


Fig. (7) : Time Since Diagnosis Comparison

Depression effect on work

Parents who stated that they encountered problems in work seems to be more depressed than the people who didn't face any problems in their work. The first group has more moderate and severe problems than the second group.

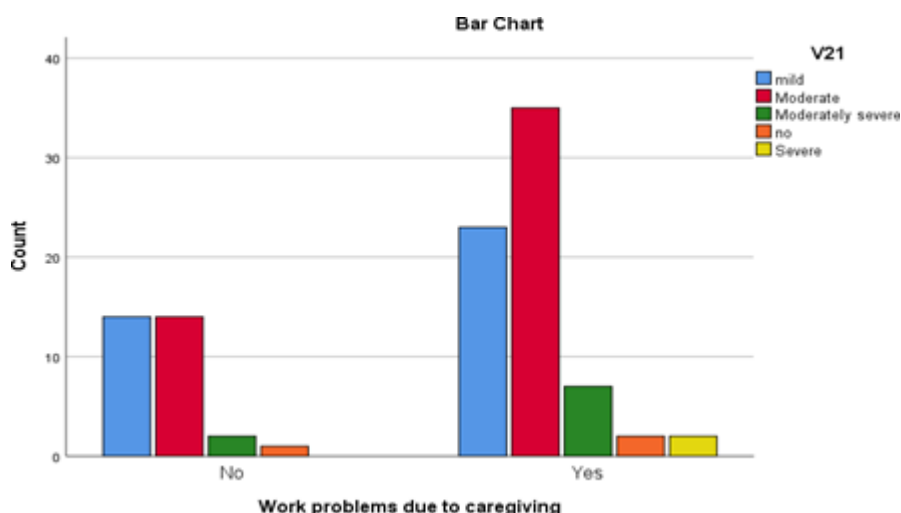


Fig. (8) : Work Problems due to Caregiving Comparison

Depression effect on work attendance

Parents who absence from work due to caregiving have more severe and moderate cases than those who tend to be committed to work.

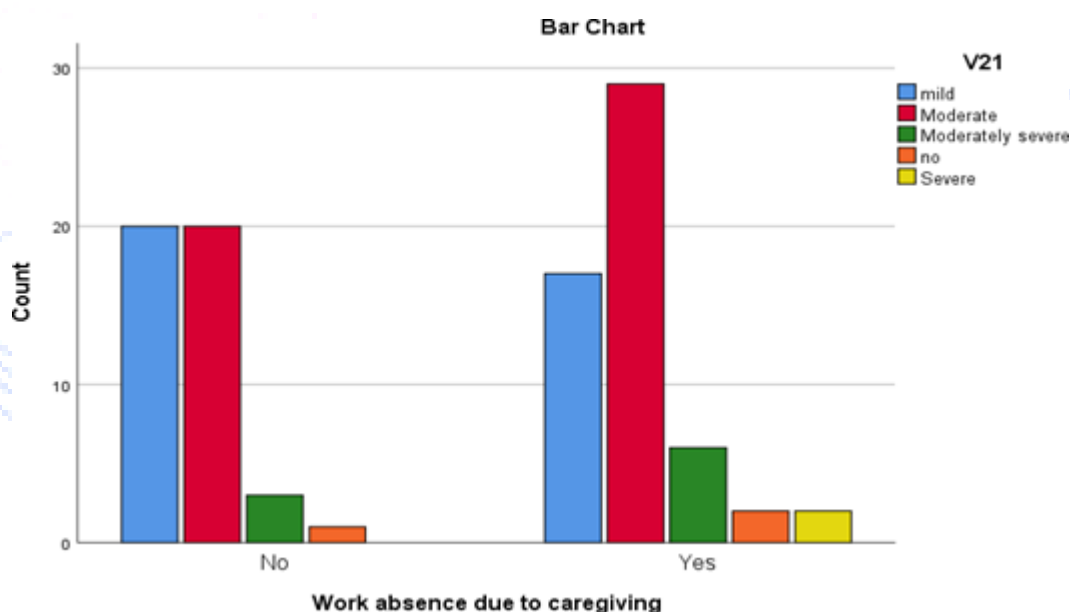


Fig. (9) : Work Absence Comparison

Financial problems effect due to caregiving

Parents who suffered from financial problems have more severe and moderate cases than parents with no financial issues, in addition the second group have more mild cases than the first group.

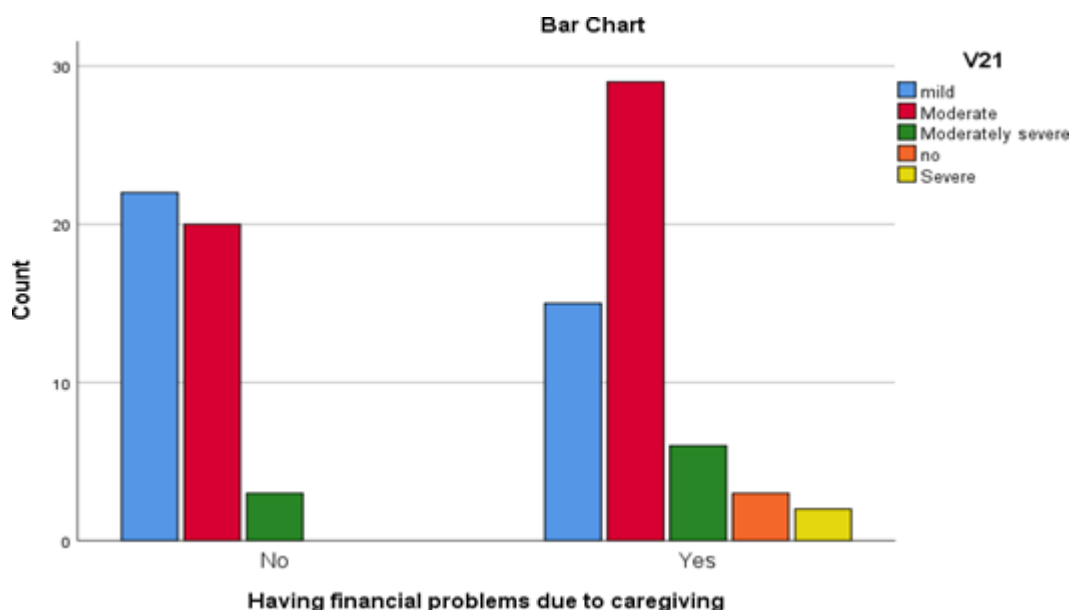


Fig. (10) : Financial Problems Comparison

Discussion

This study included the collected data reported that Mothers had greater levels of depression than fathers, and they were more anxious. among family members, Mothers appear to be closer to their children than fathers, and they take on more responsibility for manage of the child with chronic disease. As a result, they are more depressed and hopeless. Mothers receive little relief from caregiving since they are constantly present with their kid, both in the center and at home. while , fathers, who must go to work to uphold their financial responsibilities, they will gain external support (e.g., friends, work colleagues, other family members), so they suffering less depression and hopelessness. In addition to thementioned reasons there are other main factors like (Hormonal changes, Pregnancy depression, and Sociocultural explanations) ⁸. Similarly, the depressionlevels of mothers of children with tumor or any serious disease were more than the levels of fathers in another study carried out in Turkey (Toros et al., 2002). Two other studies also reported the mothers have a higher level of depression and hopelessness than fathers and also the mothers undergo more anxiety than fathers (Weinberg-Williams et al., 2006a; 2006b).

Although hormonal changes are not a direct cause of depression, they can set the stage for the depression and increase its risk. Women are more likely to suffer from depression because they encounter hormonal fluctuation on a routine basis and because they experience more extreme hormonal changes at critical stages in their lives ^{9,10}. Pregnancy causes tremendous hormonal shifts in a woman body, which can lead to depression. Furthermore, some environmental factors may raise the risk of depression during pregnancy. For example, if you regularly take antidepressant medication and stop during pregnancy, you're more like to experience depression. Others risk factors include: Previous episodes of depression or PMDD Miscarriage Unintended or unwanted pregnancy Lack of social support Problems in your relationship.

Young people tend to sleep less and to be overthinking, in addition they have less experience in everyday life, thus they will encounter more depression ¹³.

parents who are under college education seems to be more depressed according to the study. It is obvious because parents with less education have less general information about diseases and treatments, as a result, they will be more overthinking and anxious ^{14,15}.

the levels of hopelessness and depression were increased among the parent with low income. low-income families of a child with a chronic disease experience more grief than families with a higher level of income¹⁶. Parents with jobs that provides a fixed income are less depressed than parents with daily jobs that pays differently. Low-income could lead parents to an immense depression due to overthinking about how to cover the expenses of the treatments and medicines for their child¹⁷.

A report from a previous study reported that the low income family experience more sadness than a family of high income level (Al- Gamal and Long, 2010). Rocha-Garcia et al. (2003) reported that 78.4% of families with a child with cancer face financial distress and that this prevents them using effective coping strategies¹⁸.

Therefore, it is inevitable that the economic level of the house influence the levels of sadness and depression of the father^{19,20}.

Conclusion

The emotional toll of being a parent to a child with cancer can be devastating, and can lead to feelings of hopelessness and depression. It is important for parents to be aware of the different levels of despair that they may experience, as well as the different coping strategies that can help them manage their emotions. By understanding the different levels of despair, parents can better equip themselves to help their child through the diagnosis and treatment.

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